

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049478

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

238

FILED JAN 17 1963

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Minnesota b. COUNTY Lac qui Parle

c. CITY
OR
TOWN MadisonInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

411 Western Avenue

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SUSAN

ELLEN

BUER

4. DATE
OF
DEATH

Month

Day

Year

Nov. 16

1962

5. SEX

female

6. COLOR OR RACE

caucasoid

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-1-1880

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Maxville, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ernak Hampel

13b. MOTHER'S MAIDEN NAME

Cynthia Richardson

14. NAME OF HUSBAND OR WIFE

Nickolas C. Buer-dec-

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

6 Kenneth Buer

Address

Madison, Minn.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Multiple Traumatic Injury
Fracture leg femur left
arm.
chest injuriesINTERVAL BETWEEN
ONSET AND DEATH

Sudden

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Skull fracture

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Collision of car & station wagon

20c. TIME OF

Hour

a.m.

Month

Day

Year

9:00

11/16/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

12 Hwy Route 1

20f. CITY, TOWN, OR LOCATION

Cantherville

Missouri

STATE

COUNTY

Lac qui Parle

STATE

COUNTY

Lac qui Parle

STATE

21. I attended the deceased from

to

and last saw her

him alive on

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

11-17-62

23c. NAME OF CEMETERY OR CREMATORY

Canby Cemetery

23d. LOCATION (City, town, or county)

Canby

23e. STATE

Minnesota

23f. COUNTY

Lac qui Parle

23g. CITY, TOWN, OR LOCATION

Canby

23h. STATE

Minnesota

23i. COUNTY

Lac qui Parle

23j. CITY, TOWN, OR LOCATION

Canby

23k. STATE

Minnesota

23l. COUNTY

Lac qui Parle

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John W. German Funeral Home Hayti

1-10-63

Charlotte E. Sloan

62

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

2

VS 300

Rev. 4/59

b780

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JUN 1 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jimmie Valley Brown

Licensed Embalmer No. 5204

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.